Please refer to Section V. Line-by-Line-instructions for Completing EPA Form \$700-12 before completing this form. The information requested here is

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

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EPA Form 8700-12 (Rev. 10/09/96)

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Form Approved, CMB No. 2050-0028 Expires 1037/95 GSA No. 0246-EPA-OT

VIII 7	ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer	to instructions)
A. Hazardous Waste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 ibs.) b. 100 to 1000 kg/mo (220-2,200 ibs.) C. Less than 100 kg/mo (220 ibs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify 3. Treater, Storer, Dispose installation) Note: A perm required for this activity, instructions. 4. Hazardous Waste Fuel 6. Other Marketing to Bu b. Other Marketers C. Boiler and/or industrial Furn 2. Small Quantity Exemp indicate Type of Combust Device(s) 1. Utility Boiler 2. Industrial Boiler 2. Industrial Furnace 5. Underground injection Control	1. Used Oil Recycling Marketer a Marketer Directs Shipment of Uoil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specification Used Oil Burner - Indicate Type(s) of Combustion Device a Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner -
X. Description of Regulated Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corn nonlisted hazardous wastes your installation handles; See 40 CFR Paris 251 20.	
Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions If you need 1 2 3 4 F 0 0 3 7 8 9 10	to list more than 12 waste codes.) 5
Other Wastes. (State or other wastes requiring a handler to have an I.D. number; S	See instructions.) 5 6
Certification	
certify under penalty of law that this document and all attachments were prepared under system designed to assure that qualified personnel properly gather and evaluate the info system or persons who manage the system, or those persons directly responsible for gather to the best of my knowledge and belief, true, accurate, and complete. I am aware that the formation, including the possibility of fine and imprisonment for knowing violations.	my direction or supervision in accordance with ormation submitted. Based on my inquiry of the ering the information, the information submitted ere are significant penalties for submitting false
Name and Official Title (Type or produce C. Handley Vice President/General Mar	int) Date Signed
Comments	

*Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Form Approved, OMB Nc. 2050-0028 Expires 10/31/99 GSA No. 0248-EPA-OT Please refer to Section V. Line-by Notification of Regulated Waste Activity Line Instructions for Completing EPA Form 8700-12 before **Date Received** completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act). (For Official Use Only)
JUN 2 9 1999 United States Environmental Protection Agency FILIN 2 0 I. Installation's EPA ID Number (Mark 'X' in the appropriate box) A. Initial Notification **B.** Subsequent Notification C. Installation's EPA ID Number (Complete Item C) Ι A D 0 0 0 2 2 2 II. Name of Installation (Include company and specific site name) 5

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Form Approved, OMB No. 2050-0028 Expires 10/31/99 GSA No. 0246-EPA-OT

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A. Hazard	ous Waste Activity	B. Used Oil Recycling Activities
Generator (See Instructions) a. Greater than 1000kg/mo (2;200 b. 100 to 1000 kg/mo (220-2;200 ib) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in bo) below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify IX. Description of Regulated Wastes	required for this activity instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Bi b. Other Marketers c. Boiler and/or industrial Fuil 1. Smelter Deferral 2. Smell Quantity Exemplicate Type of Combusticate T	mit is , see Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications Used Oil Burner - Indicate Type(s) of Combustion Device a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transporter b. Transporter b. Transporter b. Transporter b. Transporter b. Transporter b. Transporter b. Transporter b. Transporter b. Transporter b. Transporter b. Transporter b. Transporter
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nonlisted hazardous wastes your in	zardous Wastes. (Mark 'X' in the boxes co estallation handles; See 40 CFR Parts 261.20	orresponding to the characteristics of 0 - 261,24)
1. Ignitable 2. Corrosive 3. Reactive	4.Toxicity (List specific EPA hazardo	ous waste number(s) for the Toxicity characteristic
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C. Other Wastes. (State or other wastes	requiring a handler to have an I.D. number,	; See instructions.)
T Certification I certify under penalty of law that this doct a system designed to assure that qualified person or persons who manage the system is, to the beat of my knowledge and belief.	ument and all attachments were prepared und i personnel properly gather and evaluate the in, or those persons directly responsible for gattrue, accurate, and complete, less responsible for gattrue, accurate, and complete, less responsible for gattrue, accurate and complete.	der my direction or supervision in accordance with information submitted. Based on my inquiry of the athering the information, the information submitted
Signature Aues C. Hander	Name and Official Title (Type or James C. Handley Vice President/General N	print) Date Signed
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lote: Mail completed form to the appropria	ste EPA Regional or State Office. <i>(See Secti</i>	ion III of the booklet for addresses.)



Climax Molybdenum Company P.O. Box 220 Fort Madison, Iowa 52627 (319) 463-7151

Fax: (319) 463-7315 JUN 2 9 1999

June 24, 1999

99ENV-025

U.S. EPA Region 7 **RCRA Branch** Attn: WSTM/RCRA/Iowa 726 Minnesota Avenue Kansas City, Kansas 66101

Subject: EPA Form 8700-12, Subsequent Notification

Dear Sir:

Enclosed is a updated Notification of Regulated Waste Activity (EPA Form 8700-12) for the Climax Molybdenum Company in Fort Madison, Iowa.

If you have any questions regarding this form please contact me at (319) 463-2224.

Sincerely,

Shelly Heston

Environmental Manager

SRB

Enclosure





FROM



P.O. BOX 220 • FORT MADISON, IOWA 52627

TO:

U.S. EPA Region 7 RCRA Branch Attn: WSTM/RCRA/Iowa 726 Minnesota Avenue Kansas City, Kansas 66101